325 S University Rd Ste 203 Spokane Valley, WA 99206 509-385-2116

Clinical Goods and Service Agreement

Elevations: A Children's Therapy Resource Foundation (Elevations) and **Provider**

Name:______________________________ Address:____

_________________________Email:_____________________________Phone:___________________
have made a contract wherein the **Provider** is to provide goods and services to **Elevations Grant Recipients** effective as of __________, 20____ . Pursuant to the terms in this agreement:

1. I/my company (the **Provider**) shall make available goods and/or services outlined in the **Elevations Grant Award Letter**.

2. **Provider** agrees to accept current Medicaid reimbursement rates for fee for service payments whenever applicable. If there are extenuating circumstances for additional reimbursement, please explain on the application.

3. Services that are not subject to Medicaid rates (e.g., therapeutic horseback riding), The **Provider** agrees to negotiate with Elevations for a discounted rate when applicable.

4. **Elevations** agrees to pay the **Provider** within 30 days upon receipt of invoice of goods purchased (if **Provider** purchases) and/or services provided as outlined in **Elevations Grant Award Letter**.

5. **Provider** adheres to all state/federal laws and ethical standards set forth by National Association and State Practice Act.

6. It is the responsibility of the grant recipient and **Provider** to monitor **Elevations** grant balances. **Elevations** will provide information regarding current grant balances upon request. Awarded funds are for dates of service following the grant award date and expire 12 months from the date of the award. **Elevations** is not responsible for charges incurred beyond the amount of granted funds or after twelve months of the award.

This Agreement contains a complete statement of all arrangements between the parties relating to its subject matter, supersedes any previous arrangements or understandings, whether written or oral, and may only be changed by a written agreement signed by the parties hereto.

AGREED TO AND ACCEPTED BY:

Provider:	**Elevations:**
____________________________________	____________________________________
(Name)	(Name)
____________________________________	____________________________________
(Signature)	(Signature)
Date: ______________	**Date:** ______________

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